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<div style="display: flex; justify-content: space-between;"><div>0010/PTO Rev. 6/95</div><div>U.S. Department of Commerce Patent and Trademark Office</div></div> <div style="text-align: center; margin-top: 20px;"><h2>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</h2></div> <div style="margin-top: 20px;"><div style="display: flex; align-items: center; gap: 10px;"><div><input type="checkbox"/> Declaration Submitted with Initial Filing</div><div style="margin: 0 10px;">OR</div><div><input checked="" type="checkbox"/> Declaration Submitted after Initial Filing</div></div></div>		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:35%;">Attorney Docket Number</td><td>C 2647 PCT/US</td></tr><tr><td>First Named Inventor</td><td>DIERKER, Markus</td></tr><tr><td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td></tr><tr><td>Application Number</td><td>10/553,182</td></tr><tr><td>Filing Date</td><td>July 21, 2006</td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>			Attorney Docket Number	C 2647 PCT/US	First Named Inventor	DIERKER, Markus	COMPLETE IF KNOWN		Application Number	10/553,182	Filing Date	July 21, 2006	Group Art Unit		Examiner Name	
Attorney Docket Number	C 2647 PCT/US																	
First Named Inventor	DIERKER, Markus																	
COMPLETE IF KNOWN																		
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Group Art Unit																		
Examiner Name																		

As a below named inventor, I hereby declare that:
My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

POLY- α -OLEFIN-CONTAINING COSMETIC COMPOSITION

(Title of the Invention)

the specification of which ☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY)

04/07/2004

 as United States Application Number or PCT International Application Number

PCT/EP2004/003699

 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority	Certified Copy Attached?	
			Not Claimed	YES	NO
103 17 781.7	Germany	04/16/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Type a plus sign (+) inside this box + ☐

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DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2004/003699	04/07/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Firm Name **23657** Customer Number or label ☐

☐ List Attorney(s) and/or agent(s) name and registration number below:


Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **23657** OR ☐ Fill in correspondence address below

Name			
Address			
Address			
City	State	Zip	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Markus	Middle Initial		Family Name	DIERKER	Suffix e.g. Jr.			
Inventor's Signature					Date	30.9.05			
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	German		
Post Office Address	Benrodestrasse 129								
Post Office Address									
City	40597 Duesseldorf	State		Zip		Country	Germany	Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

Type a plus sign (+) inside this box ☐

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Daniela	Middle Initial		Family Name	PRINZ	Suffix e.g. Jr.			
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Post Office Address									
City	41542 Dormagen		State			Zip			
		Country	Germany		Applicant Authority				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Alfred	Middle Initial		Family Name	WESTFECHTEL	Suffix e.g. Jr.			
Inventor's Signature	<i>Alfred Westfechtel</i>				Date	18.10.05			
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Post Office Address									
City	40724 Hilden		State			Zip			
		Country	Germany		Applicant Authority				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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Inventor's Signature	<i>Lars Zander</i>				Date	24.10.05			
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Post Office Address		Giller Hoehe 4							
Post Office Address									
City	41569 Rommerskirchen		State			Zip			
		Country	Germany		Applicant Authority				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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Inventor's Signature	<i>Achim Ansmann</i>				Date				
Residence: City		Erkrath		State			Country	Germany	
Post Office Address		Kirchberg 25							
Post Office Address									
City	40699 Erkrath		State			Zip			
		Country	Germany		Applicant Authority				
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									